HERMAN & WHITEAKER, LLC

DONALD L. HERMAN, JR

GREGORY W. WHITEAKER

KENNETH C. JOHNSON'

ROBIN E. TUTTLE''

CARRIE L. DEVIER'''

SUSAN C. GOLDHAR ORNSTEIN

SARAH L. J. ACEVES''''

†Admitted in DC and VA only
††Admitted in DC, SC and FL only
†††Admitted in SC only
††††Admitted in DC only
TEL 202-600-7272

FAX 202-706-6056
3204 TOWER OAKS BLVD, STE 180
ROCKVILLE, MD 20852

REDACTED FOR PUBLIC INSPECTION -- SUBJECT TO REQUEST FOR CONFIDENTIAL TREATMENT PURSUANT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, GN DOCKET NO. 09-51, CC DOCKET NOS. 01-92, 96-45, WT DOCKET NO. 10-208 BEFORE THE FEDERAL COMMUNICATIONS COMMISSION

June 23, 2015

VIA HAND DELIVERY AND ECFS FILING

Marlene H. Dortch, Secretary Federal Communications Commission 445 Twelfth Street, SW Washington, D.C. 20554

Re: REQUEST FOR CONFIDENTIAL TREATMENT

Leaco Rural Telephone Cooperative, Inc., FCC Form 690 Annual Report, WT Docket No. 10-208

Dear Ms. Dortch:

Enclosed for filing are two copies of the redacted, public version of the Leaco Rural Telephone Cooperative, Inc. ("Leaco") 2015 Mobility Fund Phase I Annual Report ("Form 690") for Study Area Code ("SAC") 498001, census tract T35005001102. This redacted version of the Form 690 is also being filed electronically with the Federal Communications Commission ("FCC" or "Commission") via ECFS. The confidential version of the Form 690 is being filed today under separate cover.

Pursuant to 47 C.F.R. §§ 0.457 and 0.459 of the Commission's Rules, Leaco hereby requests that the Commission afford confidential treatment to and withhold from public inspection certain information included in and attachments to the confidential version of Leaco's Form 690, consistent with and pursuant to the confidential treatment provided in the

Leaco Rural Telephone Cooperative, Inc. FCC Form 690 Annual Report Request for Confidential Treatment Page 2 of 5

Commission's Third Protective Order in the above referenced docket, and in accordance with the Freedom of Information Act ("FOIA"), 5 U.S.C. § 552. Specifically, Leaco requests that the Commission afford confidential treatment to the following Form 690 information and attachments: Coverage and Performance Report, Project Status Description, and Shapefile Exhibit, which provide detailed information about the deployment of Leaco's competitive wireless telecommunications networks and related business plans (the "Confidential Information"). Leaco's Confidential Information meets the requirements for confidential treatment contained in the Commission's rules.²

Each page of the confidential version of the Form 690, Coverage and Performance Report, Project Status Description, and Shapefile Exhibit is marked "CONFIDENTIAL INFORMATION – SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, GN DOCKET NO. 09-51, CC DOCKET NOS. 01-92, 96-45, WT DOCKET NO. 10-208 BEFORE THE FEDERAL COMMUNICATIONS COMMISSION." Where confidential information is included, the relevant portions of the text are marked "[BEGIN CONFIDENTIAL] [END CONFIDENTIAL]."

Each page of the redacted version of the Form 690 is marked "REDACTED FOR PUBLIC INSPECTION -- SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, GN DOCKET NO. 09-51, CC DOCKET NOS. 01-92, 96-45, WT DOCKET NO. 10-208 BEFORE THE FEDERAL COMMUNICATIONS COMMISSION." Where confidential information has been removed, the relevant portions of the text is marked "[REDACTED]." The entire contents of the attachments to the Form 690, specifically the Coverage and Performance Report, Project Status Description, and Shapefile Exhibit, are confidential information and are wholly redacted in the redacted version.

Leaco submits the following information pursuant to Section 0.459 of the Commission's Rules:

(1) Identification of the specific information for which confidential treatment is sought.

Leaco seeks confidential treatment of the Confidential Information, which provides details about Leaco's network deployment and related business plans. This information is competitively sensitive commercial and financial information and constitutes "confidential"

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¹ See Connect America Fund et al., Third Protective Order, WC Docket Nos. 10-90, 07-135, 05-337, 03-109, GN Docket No. 09-51, CC Docket Nos. 01-92, 96-45, WT Docket No. 10-208 et al., DA 12-1418 (rel. Aug. 30, 2012) ("Third Protective Order").

² See 47 C.F.R. § 0.459.

Leaco Rural Telephone Cooperative, Inc. FCC Form 690 Annual Report Request for Confidential Treatment Page 3 of 5

commercial information" under Exemption 4 of the FOIA, 47 U.S.C. § 552(b)(4). Accordingly, pursuant to Section 0.459(a) of the Commission's Rules, Leaco requests that such information not be made routinely available for public inspection.

(2) Identification of the Commission proceeding in which the information was submitted or a description of the circumstances giving rise to the submission.

The information is being provided to the Commission as part of the required annual report for Mobility Fund Phase I support through the Form 690.

(3) Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged.

As noted above, the information contains competitively sensitive financial and commercial information. Competitors could use this information to gain an unfair competitive advantage.

(4) Explanation of the degree to which the information concerns a service that is subject to competition.

The confidential information being provided to the Commission involves telecommunications services provided by Leaco in competition with other carriers. Leaco is a provider of mobile broadband and voice services in a highly competitive industry. Leaco competes against other providers of broadband and voice services, including mobile services providers, incumbent local exchange carriers, as well as other competitive carriers. The presence of such competition and the likelihood of competitive injury threatened by release of the information provided by Leaco in connection with the Form 690 justify withholding the information from public disclosure.

(5) Explanation of how disclosure of the information could result in substantial competitive harm.

Competitors could use the disclosed information to gain an unfair advantage over Leaco. Specifically, competitors could use this information to learn of Leaco's network deployment and gauge the success of Leaco's marketing efforts and service packages, allowing competitors to adjust their marketing and pricing accordingly, to the detriment of Leaco. Competitors also could gain information regarding the performance of Leaco's mobile broadband and voice networks. Commission precedent has clearly found this type of information to be competitively sensitive and withholdable under the FOIA exceptions. Specifically, the Commission has recognized that competitive harm can result from the

Leaco Rural Telephone Cooperative, Inc. FCC Form 690 Annual Report Request for Confidential Treatment Page 4 of 5

disclosure of confidential business information that gives competitors insight into a company's costs, pricing plans, market strategies, and customers.

(6) Identification of any measures taken by the submitting party to prevent unauthorized disclosure.

Leaco has diligently prevented the unauthorized disclosure of the information, and has kept such information confidential within the company unless otherwise required to be disclosed pursuant to applicable governmental regulations.

(7) Identification of whether the information is available to the public and the extent of any previous disclosure of the information to third parties.

The information has been disclosed to vendors who are subject to non-disclosure obligations and will be filed with the New Mexico Public Regulation Commission pursuant to the Commission's requirements for filing the Form 690. The Confidential Information will be filed confidentially with the New Mexico Public Regulation Commission.

(8) Justification of the period during which the submitting party asserts that material should not be available for public disclosure.

The information regarding Leaco's commercial network deployment information and related business plans must be kept confidential until the public announcement of such information. Confidential treatment must be afforded for this information as long as it would provide a basis for Leaco's competitors to gain insight into Leaco 's business operations. At this time, Leaco cannot determine the exact date on which the information could no longer be used by competitors to Leaco's detriment.

Leaco Rural Telephone Cooperative, Inc. FCC Form 690 Annual Report Request for Confidential Treatment Page 5 of 5

CONCLUSION

For the above reasons, Leaco respectfully requests that the Commission withhold from public disclosure the proprietary commercial and financial information contained in the Confidential Information in the confidential version of the Form 690. In accordance with Section 0.459(g) of the Commission's rules, Leaco requests telephone and written notification from the Commission if the instant request is denied, so that it may file an Application for Review or request return of the confidential materials pursuant to Section 0.459(e).

Respectfully submitted,

Gregory W. Whiteaker

Counsel for Leaco Rural Telephone Cooperative, Inc.

Enclosures

| MMIS | SION | | FCC Fc |
|-------|--|---|---|
| | Fund §54.1009 Annual Reporting lection Form | | Approved by O OMB 3060-1 Avg. Burden Estimate per Respondent: 18 Ho |
| <010> | Study Area Code | 498001 | |
| <015> | Study Area Name | Leaco Rural Telephone Cooperative, Inc | |
| <020> | Program Year | 2015 | |
| <030> | Contact Name: Person USAC should contact with questions about this data | Dale Snider | |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 5754334301 ext. | |
| <039> | Contact Email: Email of the person identified in data line <030> | dsnider@leaco.org | |
| | | | (check box when complete) |
| <040> | Has the information required pursuant to §54.1009 <041> Attach a description of the documents fil | | N) <040> () () () () () () () () () (|
| | <042> Cite the Study Area Code (SAC) for the Fo | orm 481 reporting | <042> |
| <050> | Carrier Contact Information | (complete attached worksheet) | <050> |
| <060> | Coverage and Performance Report | (complete attached worksheet) | <060> |
| <070> | <u>Urban Rate Comparability Certification</u> | (complete attached certification) | <070> |
| <080> | Tribal Lands Reporting (y/n?) (Does this study area cov | er tribal lands? Yes or No) | \bigcirc \bigcirc |
| | | (If yes, complete the attached worksheet) | <080> |
| <090> | Project Update Information | (complete attached worksheet) | <090> |
| <100> | Certifications <101> Reporting Carrier Certification (comp. | olete attached certification) | <101> |
| | <102> Agent Certification (com | alete attached certification | <102> |

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

| (050) Carr | rier Contact Form | | | FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8 |
|--|--|---|--|--|
| 040 | | | | |
| <010> <015> | Study Area Code Study Area Name | | 498001 | |
| <020> | Program Year | | Leaco Rural Telephone Cooperative, Inc. 2015 | |
| <030> | Contact Name - Person USAC should contact regarding the | his data | Dale Snider | |
| <035> | Contact Telephone Number - Number of person identifie | | 5754334301 ext. | |
| <039> | Contact Email Address - Email Address of person identifi | ed in data line <030> | dsnider@leaco.org | |
| Reporting | Carrier / Mobility Fund Phase 1 Winning Bidder | | | |
| <110> | FCC Registration Number | 0001618008 | | |
| <111> | Filing Carrier Name | Leaco Rural Telepho | ne Cooperative, Inc. | |
| <112> | Winning Bidder Carrier Name | Leaco Rural Telephor | | |
| <113> | Street Address (or PO Box) | 220 West Broadway | | |
| <114> | City | Hobbs | | |
| <115> | State | NM | | |
| <116> | Zip-Code | 88240 | | |
| <117> | Telephone Number | | | |
| <118> | Fax Number | 5754334303 ext. | | |
| <119> | Email Address | 5754334354 | | |
| | | sapplin@leaco.org | | |
| <pre><120> <121> <122> <123> <124> <124> <125> <126> <127> <127> <128></pre> | Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number | Sidney W. Applin Leaco Rural Telephor 220 West Broadway Hobbs NM 88240 5754334303 ext. 5754334354 sapplin@leaco.org | ne Cooperative, Inc. | |
| <130> | d Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix) | | | |
| <131> | Company | | | |
| <132> | Street Address (or PO Box) | | | |
| <133> | City | | | |
| <134> | State | | | |
| <135> | Zip-Code | | | |
| <136> | Telephone Number | | | |
| <137> | Fax Number | | | |
| <138> | Email Address | | | |
| \130 <i>/</i> | | | | |

| (060) Cov | erage and Performance Report | | FCC Form 690 |
|-----------|---|----------------------------------|---------------------------|
| | | | Ap proved by OMB |
| | | | OMB Control No. 3060-1185 |
| | | | Page 3 of 8 |
| | | | |
| <010> | Study Area Code | 498001 | |
| <015> | Study Area Name | Leaco Rural Telephone Cooperativ | re, Inc. |
| <020> | Program Year | 2015 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Dale Snider | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5754334301 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dsnider@leaco.org | |
| <140> | Coverage and Performance Report Year 01/2014 - 12/2014 | | |
| | 498001_CPRd_ Coverage and Performace attachements | NM.zip | |

| <141> | <a1></a1> | <a2></a2> | <a3></a3> | <b1></b1> | <b2></b2> | <b3></b3> | <c1></c1> | <c2></c2> | <c3></c3> | <d></d> |
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| | | | | | | | Road | Miles per | Miles | Coverage and |
| | | | | | Resident | Total Resident | | Census | covered | Performance data |
| | | | | Resident | Population | Population | per | Block | per | is uploaded |
| | c | | | Population per | Newly Reached | | Census | Newly | Census | (Yes/no) |
| | State | County | Census Block | Census Block | by Service | Service | Block | Reached | Block | |
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COMMISSION (070) Urban Rate Comparability Certification Compliance

| (070) Urb | an Rate Comparability Certification Compliance | | FCC Form 690 |
|-----------|---|---|---------------------------|
| | | | Approved by OMB |
| | | | OMB Control No. 3060-1185 |
| | | | Page 4 of 8 |
| | | | |
| <010> | Study Area Code | 498001 | |
| <015> | Study Area Name | Leaco Rural Telephone Cooperative, Inc. | |
| <020> | Program Year | 2015 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Dale Snider | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5754334301 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dsnider@leaco.org | |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

| Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4) | | | | | |
|--|-----------------------------------|---|---|--|--|
| I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate. | | | | | |
| Name of Reporting Carrier: Leac | o Rural Telephone Cooperative, In | nc. | | | |
| Signature of Authorized Officer: | CERTIFIED ONLINE | | Date 06/23/2015 | | |
| Printed name of Authorized Officer: | Dale Snider | | | | |
| Title or position of Authorized Officer: | Chief Financial Officer | | | | |
| Telephone number of Authorized Officer: | 5754334301 ext. | | | | |
| Study Area Code of Reporting Carrier: | 498001 | Filing Due Date for this form: 07/01/20 | 15 | | |
| Persons willfully making false statemen | . , | rfeiture under the Communications Act of 1934, Jnited States Code, 18 U.S.C. § 1001. | 47 U.S.C. §§ 502, 503(b), or fine or imprisonment | | |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

| Certification of Officer or Employee to author | rize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier |
|--|--|
| I certify that (Name of Agent) | is authorized to submit the information reported on behalf of the reporting |
| | eporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the |
| authorized agent; and, to the best of my knowledge, the repo | rts and data provided to the authorized agent is accurate. |
| Name of Authorized Agent: | |
| Name of Reporting Carrier: | |
| Signature of Authorized Officer or Employee: | Date: |
| Printed name of Authorized Officer or Employee: | |
| Title or position of Authorized Officer or Employee: | |
| Telephone number of Authorized Officer or Employee: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| , , | punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorize | to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier |
|---|---|
| , as agent for the reporting carrier, certify that I am authorized at a provided by the reporting carrier; and, to the best of my | d to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on knowledge, the information reported herein is accurate. |
| Name of Reporting Carrier: | |
| Name of Authorized Agent or Employee of Agent: | |
| Signature of Authorized Agent or Employee of Agent: | Date: |
| Printed name of Authorized Agent or Employee of Agent: | |
| Title or position of Authorized Agent or Employee of Agent | |
| elephone number of Authorized Agent or Employee of Agent | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |

| (080) Triba | l Lands Reporting | | | FCC Form 690 | |
|----------------|---|-----------------|---------------------------|--|--|
| | | | | Approved by OMB OMB Control No. 3060-1185 | |
| | | | | Page 5 of 8 | |
| <010> | Study Area Code | | 498001 | | |
| <015> | Study Area Name | | | one Cooperative, Inc. | |
| <020> | Program Year | | 2015 | | |
| <030> | Contact Name - Person USAC should contact regarding t | | Dale Snider | | |
| <035> <039> | Contact Telephone Number - Number of person identifi Contact Email Address - Email Address of person identif | | | | |
| | | | dshider@leaco.org | | |
| <142> | State | | | | |
| | | | | | |
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| <143> | County | | | | |
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| <144> | Tribal Land(s) on which ETC Serves | | | | |
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| <145> | Tribal Government Engagement Obligation | Name of Attache | d Document (.pdf) | | |
| | | Nume of Attache | и Боситені (.риј) | | |
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| | If your company serves Tribal lands, please select (Yes, N | | ole) for | | |
| | each of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the T | | | | |
| | government pursuant to § 54.1004 includes: | TIDai | | | |
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| | | | Select | | |
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| \14U\ | Needs assessment and deployment planning with a foc community anchor institutions; | us on Tribal | | | |
| <147> | Feasibility and sustainability planning; | | | | |
| <148> | Marketing services in a culturally sensitive manner; | | | | |
| <149> | Compliance with Rights of way processes | | | | |
| <150> | Compliance with Land Use permitting requirements | | | | |
| | | | | | |
| <151> | Compliance with Facilities Siting rules | | | | |
| <152> | Compliance with Environmental Review processes | | | | |
| <153> | Compliance with Cultural Preservation review processes | 5 | | | |
| <154> | Compliance with Tribal Business and Licensing requirem | ents. | | | |

| (090) Project | : Update Information | FCC Form 690 |
|---------------|---|---|
| | | Approved by OMB |
| | | OMB Control No. 3060-1185 |
| | | Page 6 of 8 |
| • | | · |
| <010> | Study Area Code | 498001 |
| <015> | Study Area Name | Leaco Rural Telephone Cooperative, Inc. |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Dale Snider |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5754334301 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dsnider@leaco.org |
| | | |
| <200> | Date Authorized to Receive Support | 06/07/2013 |
| <201> | Targeted Completion Date | 12/05/2015 |
| <202> | Total Mobility Fund Support Awarded | 311013.12 |
| <203> | Total Mobility Fund Support Disbursed | 103671.04 |
| | | |
| | | |
| <210> | Actual Completion Date | |
| 244 | | 498001 PSD NM.pdf |
| <211> | Project Status Description (attached) | 150002_155_4411pd2 |
| | | |
| | | {Name of PDF attached} |
| | Please check these boxes below to confirm that the attached PDF, on line | |
| | 211, contains a project status pursuant to §54.1005(b)(2)(v). The information | |
| | shall be submitted as appropriate. | |
| <212> | Status of Network Deployment - Network Design | V |
| <213> | Status of Network Deployment - Construction | V |
| <214> | Status of Network Deployment - Deployment | V |
| <215> | Status of Network Deployment - Maintenance | V |
| <216> | Project Budget Status | ✓ |
| <217> | Project Plan Status | |
| 424 Os | Contif. Naturally will Compare 20/40 Makila Carrier (Var. / Na.) | |
| <218> | Certify Network will Support 3G/4G Mobile Service (Yes / No) | • 0 |

| (101) Cert | tification - Reporting Carrier | | FCC Form 690 |
|------------|---|---|--|
| | | | Approved by OMB |
| | | | OMB Control No. 3060-1185 |
| | | | Page 7 of 8 |
| | | | |
| <010> | Study Area Code | 498001 | |
| <015> | Study Area Name | Leaco Rural Telephone Cooperative, Inc. | |
| <020> | Program Year | 2015 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Dale Snider | <u>. </u> |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5754334301 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dsnider@leaco.org | |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | | | | | |
|--|---|--|--|--|--|
| Name of Reporting Carrier: Leaco Rural Telephone Cooperative | , Inc. | | | | |
| Signature of Authorized Officer: CERTIFIED ONLINE | Date 06/23/2015 | | | | |
| Printed name of Authorized Officer: Dale Snider | | | | | |
| Title or position of Authorized Officer: Chief Financial Officer | | | | | |
| Telephone number of Authorized Officer: 5754334301 ext. | | | | | |
| Study Area Code of Reporting Carrier: 498001 | Filing Due Date for this form: 07/01/2015 | | | | |

05/29/2015 Page 7

FCC Form 690

| | | | Approved by OMB OMB Control No. 3060-1185 Page 8 of 8 |
|-------|---|---|---|
| <010> | Study Area Code | 498001 | |
| <015> | Study Area Name | Leaco Rural Telephone Cooperative, Inc. | |
| <020> | Program Year | 2015 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Dale Snider | _ |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5754334301 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | dsnider@leaco.org | |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

| certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | | | | |
|--|---|--|--|--|
| Name of Authorized Agent: | | | | |
| Name of Reporting Carrier: | | | | |
| Signature of Authorized Officer: | Date: | | | |
| Printed name of Authorized Officer: | | | | |
| Title or position of Authorized Officer: | | | | |
| Telephone number of Authorized Officer: | | | | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: | | | |
| Persons willfully making false statements on this form c | be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | | | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

(102) Certification - Agent / Carrier

| Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | | | | |
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| Date: | | | | |
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| Filing Due Date for this form: | | | | |
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Attachments [REDACTED]